



**NON-COMMERCIAL PURPOSE
Public Record Request**

TO CUSTODIAN OF RECORDS OF: _____
(Designate County Department/Agency)

Request is hereby made to ☐ inspect or ☐ reproduce the following public record(s): (Indicate document name, page numbers, address and permit number where applicable. Attach 8.5" x 11" sheet if needed.)

Pursuant to A.R.S. § 39-121.03, I certify that the record(s) are requested for (check one):

☐ Non-Commercial Purpose only.*

☐ Commercial Purpose defined as "the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from such public record for the purpose solicitation or the sale of such names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public records.

Note: If your request is for a commercial purpose, you must provide a certified statement setting forth the purpose for which the records will be used. Please use the Commercial Purpose Public Record Request Form.

***Warning:**

A person who obtains public records for a commercial purpose without indicating the commercial purpose or who obtains a public record for a non-commercial purpose and uses or knowingly allows the uses of such public record for a commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose shall in addition to other penalties be liable to the state or the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorney's fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been stated at the time of obtaining the records. A.R.S. § 39-121.03(C).

I certify that all information provided is true and correct. I agree to pay the applicable reproduction fee of the records as follows: (check one)

- ☐ I agree to pay an amount not to exceed \$_____. If my request exceeds this amount, please notify me before copying the requested records.
- ☐ Please notify me of the full charge for the records before copying.
- ☐ Not applicable. My request is for inspection only.

I agree not to hold Maricopa County liable for any inaccurate or incomplete information I may receive. (See disclaimer below)

DISCLAIMER INDEMNIFICATION

Requester understands and agrees that Maricopa County does not guarantee the accuracy of the data and information requested and hereby expressly disclaims any responsibility for the truth, lack of truth, validity, invalidity, accuracy, inaccuracy of any said data and information. Requester/Purchaser accepts responsibility for Requester/Purchaser's unauthorized use or transmission of any such data or information in its actual or altered form.

Requester Signature

Date

Contact Information:

Name: _____

Address: _____

Phone No. _____

Fax No. _____

Email: _____